

**FIXED ASSET INVENTORY CONTROL & SURPLUS REMOVAL FORM**

SECTION 1: Please check one of the following and fill out one form per item:

- New Purchase       Change of Location       Donated Items       On Loan  
 Missing Equipment       PTO Purchase       Deletion

SECTION 2: All information must be completed in this section.

Vendor \_\_\_\_\_

Make, Description and Quantity \_\_\_\_\_

PO# \_\_\_\_\_ Campus/Site \_\_\_\_\_

Category# \_\_\_\_\_ Site# \_\_\_\_\_

Type # \_\_\_\_\_ Dept. \_\_\_\_\_

Serial # \_\_\_\_\_ Building # \_\_\_\_\_ Room # \_\_\_\_\_

Hays Asset Tag# \_\_\_\_\_ Property of Hays CISD Tag: \_\_\_ Yes \_\_\_ No

Manufacturer \_\_\_\_\_ Occupant/Teacher \_\_\_\_\_

Model # \_\_\_\_\_

\*If more than one identical item please attach a list

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person preparing this form \_\_\_\_\_ Date \_\_\_\_\_

SECTION 3: Fill out this section if needed.

**Change of Location/On Loan** Present location: fill in section 2 completely

Change location to: Campus/Site \_\_\_\_\_ Site# \_\_\_\_\_ Dept. \_\_\_\_\_

Building # \_\_\_\_\_ Room # \_\_\_\_\_

Signature of Sender \_\_\_\_\_ Signature of Receiver \_\_\_\_\_

**Deletions**

Reason for Deletion of item: \_\_\_\_\_

Condition of Item: \_\_\_ Good \_\_\_ Fair \_\_\_ Poor Working at time of removal? \_\_\_ Y \_\_\_ N

**Missing Equipment**

Explanation: \_\_\_\_\_

*Business Office Use Only (In Area Below)*

Vendor # \_\_\_\_\_ Vendor Name \_\_\_\_\_

Warrant # \_\_\_\_\_ Check Date \_\_\_\_\_

PO# \_\_\_\_\_ Invoice # \_\_\_\_\_

Code \_\_\_\_\_

Unit Cost \_\_\_\_\_ Quantity \_\_\_\_\_